

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

In re:

LEHMAN BROTHERS HOLDINGS INC

Lehman Brothers Holdings, Inc

("the Debtors")

Chapter 11

Case No. 08-13555 (JMP) Jointly
Administered

Case No. 08-13555

Claim No.: 12571

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED
CREDITOR, BANKERS LIFE AND CASUALTY COMPANY, IN THE AMOUNT OF \$4,341,279.50,
TO C.V.I G.V.F. (LUX) MASTER S.A.R.L.**

To Transferor: Bankers Life and Casualty Company
c/o 40/86 Advisors, Inc.
Atten: Jeffrey M. Stautz, General Counsel
535 N. College Drive
Carmel, IN 46032

PLEASE TAKE NOTICE that the transfer of \$4,341,279.50 of the above-captioned general unsecured claim has been transferred to:

Transferee: C.V.I G.V.F. (Lux) Master S.a.r.l.
c/o CarVal Investors UK Limited
Knowle Hill Park
Farimile Lane
Cobham
Surrey KT11 2PD
United Kingdom

The evidence of transfer of claim is attached hereto. A copy of the Proof of Claim and a copy of the Claims Agent website listing the claim are attached.

If your objection is not timely filed, the transferee will be substituted in your place as the claimant on our records in this proceeding.

(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2009.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent ____ Transferee ____ Debtors's Attorney ____

Deputy Clerk

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

Ch-11 Lehman Brothers Holdings Inc.

Case No. 08-13555

Chapter 11


NOTICE OF TRANSFER OF CLAIM
PURSUANT TO RULE 3001(e)


PLEASE TAKE NOTICE that any and all claims of Bankers Life and Casualty Company ("Assignor") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim against the Debtor(s), including but not limited to the following:


Proof of Claim Amount	Proof of Claim No.
<u>\$4,341,279.50</u>	<u>12571</u>

have been transferred and assigned to CVI GVF (Lux) Master S.a.r.l. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

ASSIGNEE: CVI GVF (Lux) Master S.a.r.l.
c/o CarVal Investors U.K. Ltd.
Address: Knowle Hill Park, Fairmile Lane
Cobham, Surrey
KT11 2PD
BY CARVAL INVESTORS UK LIMITED
Signature: 
Name: DAVID SHORT
Title: OPERATIONS MANAGER
Date: _____

ASSIGNOR: Bankers Life and Casualty
Company
Address: 11825 N. Pennsylvania Street
Carmel, Indiana 46032
Signature: 
Name: Eric Johnson
Title: EVP, Investments
Date: 2/10/10

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<h2 style="margin: 0;">PROOF OF CLAIM</h2>	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000012571	
Name of Debtor Against Which Claim is Held Lehman Brothers Holdings Inc.			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Bankers Life and Casualty Company c/o 40 86 Advisors, Inc. Attn: Jeffrey M. Stautz, General Counsel 535 N. College Drive Carmel, IN 46032 (317) 817-6422		<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. </div> <div style="border: 1px solid black; padding: 5px;"> Court Claim Number: _____ (If known) </div> <div style="border: 1px solid black; padding: 5px;"> Filed on: _____ </div>	
Telephone number: See above. Email Address: _____ Name and address where payment should be sent (if different from above) Attn: Jeffrey M. Stautz, General Counsel 535 N. College Drive Carmel, IN 46032 (317) 817-6422		<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. </div>	
Telephone number: (317) 817-6422 Email Address: _____		THIS SPACE IS FOR COURT USE ONLY	
1. Amount of Claim as of Date Case Filed: \$ 4,341,279.50 plus interest and costs accrued from 9/19/2008. If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim:	
<input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
2. Basis for Claim: Derivative Contract. See Attached Addendum. (See instruction #2 on reverse side.)		Amount entitled to priority: \$ _____	
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		Amount of secured claim: \$ _____ Amount unsecured: \$ _____	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; text-align: center;"> FILED / RECEIVED SEP 14 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC </div>	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____ (See instruction #6 on reverse side.)		DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.		Date: 9/9/2009 Signature: _____ The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	
Eric Johnson, Executive Vice President of Investments		Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	

Claim Question? Call: 646 282 2400

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Creditor Name

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Claims and schedules

Schedule Number

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Order By: Creditor Name

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Claim #	Schedule #	Creditor Name	Date	Total Claim Value	
 12571		BANKERS LIFE AND CASUALTY COMPANY C/O 40/86 ADVISORS, INC 535 N. COLLEGE DRIVE ATTN: JEFFREY M. STAUTZ, GENERAL COUNSEL CARMEL, IN 46032 Debtor: Lehman Brothers Holdings Inc.	9/14/2009 Claimed Unsecured:	\$4,341,279.50 \$4,341,279.50	

Remarks: CLAIMED PARTIALLY UNLIQUIDATED

[1] Page 1 of 1 - 01 total items

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